



# FWUA LOSS-OF-USE WORKSHEET

(ALE / FAIR RENTAL VALUE)

Insured: \_\_\_\_\_

Is Property Held For Rental? **Yes** **No**

Claim No: \_\_\_\_\_

If yes, # of months available per year? \_\_\_\_\_

Phone No. \_\_\_\_\_

Rental Rate: \$ \_\_\_\_\_ / month

# In Household \_\_\_\_\_ Full Time; \_\_\_\_\_ Part Time

Management fee: \$ or % \_\_\_\_\_ / month

### RECEIPTS REQUIRED

EXPENSES	\$ NORMAL \$	\$ INCURRED \$
Housing (mortgage)		
Temporary housing receipts		
Hotel - Apartment		
Utilities		
Electricity / Gas		
Water / Sewer		
Telephone		
Other		
Food		
Residence Food Cost		
Hotel - Restaurant Receipts		
Other		
Services		
Laundry		
Dry Cleaning		
Other		
Transportation		
Automobile, Storage, Fuel		
Taxi, Train, etc.		
Other		
Totals:		
<b>ADDITIONAL LIVING EXPENSE LOSS</b> <i>Deduct Total <b>Normal</b> From Total <b>Incurred</b></i>		

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Social Security No.

**“Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.”**